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Substitute for form 1449A/PTO					Complete if Known				
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	INFO	RMATION	DIS	CLOSURE	Filing Date	(Herewith)	,		
STATEMENT BY APPLICANT					First Named Inventor	Kenichi SENDA			
					Art Unit	(Unassigned)			
	_	(Use as many she	eets as	necessary)	Examiner Name	(Unassigned)			
	Sheet	1	of	1	Attorney Docket Number	12523/9			

U.S. PATENT DOCUMENTS						
Examiner	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages Columns Lines Where Relevant	
Initials *		Number - Kind Code ² (if known)			Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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FOREIGN PATENT DOCUMENTS							
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/K.S./	1	WO 01/30892 A1	05/03/01	PROCTER & GAMBLE CO.			
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Examiner Signature	/Kriellion Sanders/	Date Considered	06/07/2008	

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